DOCUMENT RESUME

ED 212 942 CG 015 736

AUTHOR Fischer, Margaret
TITLE Components of Adolescent Depression in a Cross-Cultural Setting.
PUB DATE Aug 81
NOTE 16p.; Paper presented at the Annual Convention of the International Council of Psychologists (39th, Los Angeles, CA, August 20-23, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescents; Case Studies; Cross Cultural Studies; *Depression (Psychology); *Emotional Disturbances; *Environmental Influences; Etiology; Family Relationship; Personality Problems; Psychotherapy; *Suicide; *Youth Problems
IDENTIFIERS *Alaska

ABSTRACT

Alaska has the highest rate in the nation of depression, alcohol and drug abuse, and adolescent suicide. The prevention of depression and suicide is complex because of many impinging variables. Data from a sample of 40 adolescents referred to a residential treatment center in Alaska revealed that a rapid change in life style of the Alaskan natives created a loss of culture and community. A second cause affecting both native and non-native children was the disintegration of the family. The transient population and harsh climate were other major factors in depression. Suicide also had a deeply rooted place in Eskimo culture. Results indicated that natives comprised 55% and caucasians 45% of the referrals, despite the fact that only one in six Alaskans is a native. The findings suggest that therapy should focus on helping adolescents improve their coping strategies and increase their tolerance for discomfort and loss. (JAC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED212942

COMPONENTS OF ADOLESCENT DEPRESSION IN A CROSS-CULTURAL SETTING

Margaret Fischer, Ph.D.

Alaska Psychiatric Institute

Anchorage, Alaska

1981

CG 015736

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☒ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Margaret Fischer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Case 1 TEENAGE ALCOHOLISM

Pete's father hung himself in jail, but Pete couldn't remember much about him except that he often got into barroom brawls. Pete was devoted to his mother and admired her because she didn't drink. Pete, however, was expelled at age 14 for bringing liquor to school, usually a half pint at a time. He thought noone knew because he took care to use Visine, chew gum and drink Pepsi Cola to cover the odor on his breath, and to sit quietly in the back of the room so noone would notice him.

Pete had girl problems. His best friend went with the girl he liked and other girls thought he was a bore. Pete felt left out and unaccepted. He said he drank until he couldn't walk, usually averaging a quart of Bacardi a day.

In a school assignment in which he was asked to imagine what he would do if he were invisible, Pete wrote, "I'd play jokes on people, rip off some good rum, dope, pizzas, and milkshakes, go in girl's bathrooms, rape the best looking girls I see, beat every person I hate to a pulp, get friends out of jail, kill my probation officer, stuff like that."

Within a six-month period a marked deterioration occurred in Pete's relationship with peers, teachers, and his mother. Pete took an overdose of chloral hydrate and was referred for psychiatric evaluation. He exhibited the withdrawal symptoms of an alcoholic. He called his mother to ask for a rush order of Vicks inhalant. He told her he needed it more than he ever needed anything before because there were so many people around him and he had a feeling he couldn't hide. Pete was diagnosed as having an emotionally unstable personality with episodic alcohol abuse. He was referred to a residential treatment program for alcoholism.

Case 2 TEENAGE PROSTITITION

Kate was one of three Indian children adopted by Caucasian parents. Her adoptive father, a career military man, had an incestual relationship with her and her sister from age eight through fourteen. When her sister told her mother about his sexual advances, her mother accused her of lying in order to hurt her. Kate never said anything to her mother after that.

see p 2

She learned that she could barter sex with her father for clothes, cosmetics, and spending money and to prove to herself that she could get him away from her mother anytime she wanted. Kate then became the hunter rather than the hunted. When her father started to show a lack of interest Kate resorted to prostitution near the base where he was stationed. Although she was arrested and detained for three months, the sentence didn't act as a deterrent. She continued operating as a prostitute, but became more and more depressed. She wanted to die to make her father sorry all his life for what he did to her. By age 15 she made six suicide attempts. She was referred for psychiatric evaluation following a serious hanging attempt. While in the hospital her mother wrote her a "goodbye" letter. She said, "After all we've done for you, you've done this to us. We don't want anything to do with you anymore." Kate never heard from her mother again.

Case 3 SUICIDE PACT

Maggie dropped out of school in her ninth year after meeting a new and older boyfriend, Bob, who promised to divorce his wife and marry her. Maggie's regular boyfriend was depressed at Maggie's change of attitude toward him as they had gone steady for several months. When Bob left the state with his wife, Maggie expected that he would return to her but became less convinced and more depressed as time went on. Rick's telephone calls pleading with her to come back to him and admonishing her for her unfaithfulness filled Maggie with feelings of guilt and confusion. Rick and she spoke about killing themselves in a joint suicide pact. When Rick hung up he decided to test his mettle in a game of Russian Roulette. Three days later he died of a bullet in his brain.

Maggie became despondent and remorseful. She felt responsible for Rick's demise and realized too late that she really loved him and not Bob. Her guilt feelings tormented her. She took a B-B gun, put it to her temple, and fired twice. One B-B struck a bone and the other made a flesh wound, but no serious injury occurred. Maggie experienced a sense of relief. She expiated herself from guilt by carrying out her part of the suicide pact, but she had won the game of Russian Roulette.

These are actual cases taken from a sample of 40 adolescents referred for evaluation and treatment during an eight-month period to the Alaska Psychiatric Institute in Anchorage, a facility which serves as the residential mental treatment center for the state.

Definition

Depression is a disorder of mood which is typically marked by sadness, inactivity, difficulty in thinking and concentration, and feelings of dejection, however, among adolescents depression is often masked in sexual "acting-out" and sociopathic behaviors such as disobedience, temper tantrums, running away, school phobias, underachievement in school, substance abuse, psychosomatic complaints, and suicidal behavior (Chiles, Miller, & Cox, 1980; Plutzky, 1980.) (See Table 1.)

Incidence

Alaska has the highest rates in the nation of depression (Wolf, 1980; Vavrin, 1981), alcohol and drug abuse(Vavrin, 1981), and adolescent suicide (Stickel, 1981). Since the mid 1960s there has been a marked increase in the suicide rate among Alaskan natives which is three times the national average. Among native and non native Alaskan males in the

15-24 age range it is roughly twice that of peers in the U.S., but among females in the same age group, it is ten times the U.S. rate (Stickel, 1981). In the present study natives comprised 55 percent of the referrals, whites 45 percent, yet only one in six persons in Alaska is native.

Etiology

The etiology of depression among adolescents and adults in the cross-cultural setting of Alaska remains speculative.

Life Style

A rapid change in life style of the Alaskan natives from subsistance living as hunters and fisherman to a welfare- or cash-based economy has created for many native villages a loss of the sense of culture and community. Idlesness, boredom, diminished self-esteem, and the lack of purposeful goals in life lead to escapes into alcohol and drugs among a high proportion of young and old alike. So devastating have their effects been on crime rate, family life, and welfare of the communities that within one recent month three villages instituted prohibition of the sale of liquor.

Disintegration of the Family

A second cause which affects both native and non native children is the disintegration of the family. Divorce, child abuse, neglect, and incest, frequently related to alcoholism among parents, occur at exceedingly high rates. As the family exerts a potent influence on the development of the individual, particularly the development of emotional responses, ideas, attitudes and values, the disruption of family life has a profound effect upon the adolescent.

Transient Population

A third problem is that Alaska has a transient non native population. Individuals and families are constantly moving in and out of the state (Hemme, 1981; Johnson, 1981). Each year after spring break up come the fortune hunters, adventure seekers, seasonal workers, rotating military personnel, and those who wish to start life anew on the last frontier. Not all meet with success. Separated by thousands of miles from family and friends, those who fail experience an acute sense of loss and defeat (Wolf, 1980). They are isolated in a land of inhospitable temperatures. Lacking a social support system (Wolf, 1980) and often the financial wherewithal to return Outside before the onset of winter, they are prone to fall into the doldrums of depression.

Climate

Alaskan climate and location are other major factors in depression (Vavrin, 1981; Wolf, 1980). In the winter the sun may rise at 10 a.m. and set at 2 p.m. so that there are twenty hours of darkness in a day. Temperatures may stay below zero degrees Fahrenheit for several months at a time. The cold and darkness of winter and the rainy summers curtail people's outdoor activities. A claustrophobic "cabin fever" and its concomitant depression sets in and, in some cases, becomes so severe that hospitalization is required (Wolf, 1980) because of suicidal ideation or attempts.

Eskimo Tradition

In the tradional Eskimo culture suicide was supported by fundamental cultural values especially if age or infirmity rendered one useless and a burden. It was viewed as an honorable deed which would guarantee the deceased the best of places in the life hereafter. Thus, the trend is deeply rooted to the cultural identity of the Eskimo (Weyer, 1932).

Characteristics

The following characteristics emerged from the sample of 40 adolescents in the study who were referred for evaluation and treatment. Seventy percent came from broken homes, 38 percent were neglected, 28 percent were subjected to child abuse, and 15 percent were involved in incestual relationships. Eighty three percent had no religious affiliation. (See Table 2.)

Masked Depression

Depression does not always manifest itself in a facade of sadness. Adolescents mask their depression by deceptive expression of hostility, which is a mask of depression in all societies (Opler, 1974), psychosomatic complaints (Lesse, 1979), eating disorders (Ringdahl, 1980), sexual promiscuity (Barter, 1967; Lesse, 1979), and delinquent activities (Chwast, 1967; Carlson and Cantwell, 1980, Lesse, 1979; Mezzich & Mezzich, 1979; Ringdahl, 1980). Depressed adolescents do not like themselves and often seek negative attention which only serves to reinforce their denigrated self-images.

Among primitive or non literate peoples simple and open confusion is the most common pattern of masked depression (Lesse, 1979). Confusion may be seen as a cry for help that brings the nuclear or extended family group to seek the aid of a priest or shaman. In contrast, in more modern societies, people are relatively reluctant to show such dependent attitudes.

Acting-out among more primitive peoples may be in the form of imitative or negativistic behaviors as occurs in Arctic hysteria known as Pibloktoc in which the individual suddenly runs amok "tearing off his clothes, talking "gibberish," throwing things, turning the house into a shambles, sometimes performing unusual feats of strength or daring, then crumpling into tears, then sleep. Serious damage is rarely done to self or others, except

occasional inadvertent frostbite from running out in the snow without clothes" (Nachmann, 1981).

Many teenagers mask depression through acting-out behaviors in an attempt to escape their plights and to deal with their depression (Baker, 1978; Chwast, 1967; Lesse, 1979; Mezzich & Mezzich, 1979; Plutzsky, 1980; Ringdahl, 1980; Spiegel, 1967). Of the sample studied 79 percent had run away; 65 percent used alcohol on a regular basis; 83 percent used street drugs; and 53 percent were involved in crimes.

Suicide was attempted by 21 of the adolescents, 14 girls and 7 boys. Fifty-two percent made more than one try. One girl succeeded in committing suicide at age 15 after her fourth attempt. Ten others were seriously injured in their attempts (See Table 3).

While half the suicides in the general Alaskan population are alcohol-related (Blackwood, 1978), only 28 percent were either drug or alcohol-related among adolescents. Self-poisoning (45%) was the most frequent method chosen, followed by sharp insturments (22%), firearms (16%), jumping (6%), and hanging (6%). The peak months for completed suicides in Alaska are December when it is coldest and darkest, and August when it rains the most (Blackwood, 1978). (See Table 3).

In the present study natives comprised 55 percent of the referrals. whites 45 percent, yet only one in six persons in Alaska is native. Females were referred more frequently than males, 52 percent as opposed to 48 percent.

Motives

Adolescents who survive their self-destructive actions give

various reasons for their behavior. The most common reason is rejection or the loss of someone's love which is necessary for maintaining their self-esteem, either the love of a parent or a boyfriend or girlfriend.

Some adolescents attempt to win love back by a manipulative suicide gesture to make the loved one sorry or guilty for his or her withdrawal of affections (Baker, 1978).

When adolescents enter suicide pacts it is often related to feelings of guilt and despair. The suicide is the final atonement for their real or imagined transgressions.

Predictability

The primary finding of the present study which confirms that found by other researchers is that one of the first signs of adolescent depression is underachievement in school (Andreassen & Wasek, 1980; Agras, 1959; Campbell, 1955; Commins & Hessler, 1980; Cole, 1981 ; Hershfield & Behan, 1966; Lesse, 1979; Plutsky, 1980; Wenz, 1979).It appears most frequently in grades 8, 9, and 10 and in ages 14 through 16. Twenty-three percent of the subjects studied were referred for psychiatric evaluation in the eighth grade, 40 percent in ninth grade, and 25 percent in tenth grade. There were no referrals from 11th grade and only 3 percent from 12th grade. (See Tables 1 and 2). All subjects in the study showed lower-than-expected performance in school achievement despite the fact that some had superior intelligence. Dropout rate was high. By 10th grade 68 percent had quit school.

Prevention

Depression is treatable by both psychotherapeutic and psycho-

pharmaceutical interventions. The aims of therapy are to build a close, confidential relationship, to improve coping strategies by learning to form and dissolve relationships without undue stress, and to increase the tolerance for discomfort and loss.

In Alaskan bush communities the extended family serves as a therapeutic support system when the nuclear family ceases to function effectively. However, in urban areas such a resource is uncommon and the social service agencies take on the role of the extended family by providing counseling by older native females who serve as surrogate parents or who arrange foster or group home placements until the adolescent is able to reach a level of adjustment where independent living is feasible.

The task of prevention of depression and suicide among Alaskan youth is complex because of the many variables which impinge upon it. Reversal of the high incidence cannot be achieved without early intervention. Educating families, health aides, and school personnel to recognize the symptomatology of adolescent depression or masked depression seems to hold the best promise for its treatment and cure.

Appendix

Table 1. BEHAVIORAL AND ACTING-OUT SYMPTOMS EXHIBITED BY DEPRESSED ADOLESCENTS (N = 40)

	%
Academic performance lower than expected	100
Chronic rule violations	53
Truancy, suspension, expulsion	38
Delinqency	53
Running away	70
Persistent lying	15
Early sexual behavior	35
Illegal drug use	83
Early drinking	65
Drinking to intoxication weekly	30
Thefts	20
Vandalism	10
Arson	8
Prior arrests	25
Physical fights	30
Temper outbursts	10
Hostility toward authority figures	75
Psychosomatic complaints	25
Eating disorders	53
Sleep disorders	25

Table 2. SOCIODEMOGRAPHIC CHARACTERISTICS OF DEPRESSED ADOLESCENTS (N = 40)

	%
Alaskan natives	55
Non native	45
Male	48
Female	53
Age	
Range	12 - 19
Median	14
Grade	
8	23
9	38
10	25
11	0
12	3
Drop Outs	68
Intelligence Quotient	
Superior	8
Average	44
Low Average	47
Mentally Retarded	1
Parents	
Biological	30
Divorced	70
Foster or Adoptive parents	30
Child abuse	28
Neglect	38
Incest	15
Socioeconomic status	
Professional, Managerial, etc.	18
White Collar	28
Blue Collar	54
Religious affiliation	17

Table 3. SUICIDE ATTEMPTS AMONG ALASKAN ADOLESCENTS (N = 40)

	Attempted	Repeated	Completed	Gun	Drug	Hang	Cut	Jump	Other
Native female	6	11	0	3	7	2	5	0	0
Non native female	8	8	1	1	9	0	2	3	1
Native male	5	11	0	4	7	1	2	0	2
Non native male	2	0	0	0	0	0	2	0	0
Total	21	30	1	8	23	3	11	3	3

References

Agras, S. The relationship of school problems to childhood depression. American Journal of Psychiatry, 16: 533, 1959.

Andreassen, N. and Wasek, P. Adjustment disorders in adolescents and adults, Archives of General Psychiatry, 37: 166-170, October 1980.

Baker, R. Adolescent depression: an illness or a developmental task? Journal of Adolescence, 1978, I, 297-307.

Barter, J. T. Self-destructive behavior in adolescents and adults: similarities and differences. Workshop: Suicide among the American Indians, NIMH Indian Health Service, Aberdeen, South Dakota, September 1967.

Blackwood, L. Health problems of the Alaska natives. Suicide mortality and morbilidy. Dept. Health, Education and Welfare, Public Health Service, Alaska Area, Native Health Service, December, 1978, 19 pp.

Campbell, J.D. Manic-depressive disease in children. Journal of the American Medical Assoc., 158: 154, 1955.

Chwast, J. Depressive reactions as manifested among adolescent delinquents. Journal of Psychiatry, 21:574, 1967.

Cole, J. In Davis, N. Research on death unveils somber statistics on suicide. Anchorage Times, January 11, 1981, Living and leisure section.

Commins, S. and Alice Heisler. Depression in children and adolescents. Pediatric Annals, 9:7, July 1980., pp 25-35.

Hemme, S. Personal communication : migration to Alaska. August 1981.

Hershfield, A.H. and Behan, R.C. The accident process III. Disability acceptable and unacceptable. Journal of American Medical Association, 197: 125, 1966.

Johnson, G. Personal communication re migration to Alaska as reported by U.S. Immigration and Naturalization Services, August 1981.

Kraus, R. Eskimo Suicide. American Journal of Psychiatry, 1974.

Lesse, S. Behavioral problems masking depression: cultural and clinical survey. American Journal of Psychotherapy, 33:1, Jan 1979, pp 41-53.

Mezzich, A. and J. Mezzich. Symptomatology of depression in adolescence. Journal of Personality Assessment, 1979, 43,3, pp 267-275.

Nachmann, B. Fits, suicides, beatings, and time out. Unpublished manuscript.1981.

Opler, M.K. Cultural variations of depression: past and present. In: Masked Depression, Lesse, S. Ed. New York: Jason Aronson, 1974, pp 24-40.

Plutzky, M. Identifying the depressed patient. Primary Care, 7:#, Dec. 1980, pp 585-590.

Ringdahl, I.C. Depressive reactions in children and adolescents. Psychosomatics, 21: 11, November 1980, pp 930 -938.

Spiegel, R. Anger and acting-out: masks of depression. American Journal of Psychotherapy, 28: 597, 1967.

Stickel, B. In Davis, Neil Death unveils somber statistics on suicide. Anchorage Times, January 11, 1981.

Vavrin, R. Depressed in Alaska's winter? Anchorage Times, January 29,1981.

Wenz, F. V. Sociological correlates of alienation among adolescent suicide attempts. Adolescence, 14: 53, Spring, 1979, pp 19-30.

Weyer, E. The Eskimos. New Haven: Yale University Press, 1932.

Wolf, A. In Vavrin, R. Depressed in Alaska's winter? Anchorage Times, January 29, 1981.

Wolf, A. In Abbott, Jeanne. Stress: a major threat to Alaskans' health. Anchorage Daily News, p C1, November 15, 1980.